

Financial License Application

2019



Financial license renewals are due on January 1. All licenses are non-transferable.

Please check the appropriate classification: New Applicant Renewal Address Change

MAKE CHECKS PAYABLE TO: CITY OF FARMINGTON

Business Information:

Business Name: _____

Business Address: _____

Mailing Address (if different): _____

Business Phone: _____

Contact Information:

Contact Name: _____ Phone Number: _____

Email Address: _____

Can this person be contacted after business hours in the event of an emergency? **Yes** or **No** (Circle One)

If not, please provide an after hours emergency contact below for Fire and Police records.

Contact Name: _____ Phone Number: _____

Address: _____

To the City of Farmington:

I, _____, the undersigned, hereby make application for license authorizing my firm to engage in such business in the City of Farmington and agree to pay the license charge as set forth.

\$100.00 PLUS \$10.00 FOR EACH ONE MILLION DOLLARS ON DEPOSIT AS OF THE 31ST DAY OF DECEMBER OF THE PRECEDING YEAR.

I, _____, being duly sworn, do state upon my oath that I am the _____ of _____,
Title Business

located at _____, Farmington, Missouri, and that the deposits as of
Address

the 31st day of December of the preceding year were \$ _____.

Signature of Applicant: _____ Date: _____

Submit application, required documents & payment to:

City of Farmington
Attn: City Collector
110 W Columbia Street
Farmington, MO 63640

City Hall Business Hours:

Monday - Friday 8:00 A.M. - 4:30 P.M.
Phone Number: 573-756-1701



ACCEPTED IN PERSON ONLY

FOR OFFICE USE:

Paid \$ _____ Check # _____ Cash

Credit Card - Convenience Fee of \$ _____

Received on: _____ Receipt #: _____

Received by: _____